## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000072773

1. Entity Name
WHITE OAK CAPITAL, INC.



FILED Feb 02, 2004 08:00 AM Secretary of State

Principal Place of Business

2472 DENNIS ST. JACKSONVILLE, FL 32204 Mailing Address 2472 DENNIS ST.

IACKSONVILLE, FL 32204



## DO NOT WRITE IN THIS SPACE

01082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3662587

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FALCONETTI, JOHN 2472 DENNIS ST. JACKSONVILLE, FL 32204

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent  |  |  |               |                                |              |  |
|---|--|--|---------------|--------------------------------|--------------|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinstating)  DATE  |  |  |               |                                |              |  |
|   | and the state of t |  |               |                                |              |  |
| FILE NOWIL! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution  |  |  | cing          | \$5.00 May Be<br>Added to Fees |              |  |
| 10. OFFICERS AND DIRECTORS  |  |  |               |                                | U00000026120 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY -ST -ZIP  | PD<br>FALCONETTI, JOHN<br>2472 DENNIS ST.<br>JACKSONVILLE, FL 32204  |  |               | 02/02/04-80132-020 150.00      |              |  |
| TITLE NAME STREET ADDRESS CRY-ST-ZIP  |  |  |               |                                |              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |               | DO                             | NOT WRITE    |  |
| THTLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | IN THIS SPACE |                                |              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |               |                                |              |  |
| TITLE   |  |  |               |                                |              |  |
| NAME  |  |  |               |                                |              |  |
| Street address  |  |  |               |                                |              |  |
| CITY-SI-ZIP   |  |  |               |                                |              |  |
| 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Thursher certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |  |  |               |                                |              |  |